

be put up in Scotland in various local centres within a short time. They all ought to do their utmost to get the magistrates to take an interest in this question, and to set up one of these reformatories. Third, to license out inebriates in the same way as they license out lunatics, to be under the control of respectable trustworthy people, and thus bring them under the influence of family life. The members of Committee were disappointed with an alteration made in the regulations as first proposed, with the result that now a man must be three months in an inebriate institution before he can be licensed out, which he thought a mistake. It would have been better to have power to license certain suitable cases out at once. The Committee also recommended that 8s. a week should be allowed by the Treasury, but this had been cut down to 6d. a day, 3s. 6d. a week, which was an utterly inadequate sum for the boarding out of any person, and will simply nullify the boarding-out clauses.

INCIPIENT AND UNCONFIRMED INSANITY.

DEPUTATION TO THE LORD CHANCELLOR.

The following is a report of the interview which a deputation of the British Medical and Medico-Psychological Associations had recently with the Lord Chancellor.

The deputation consisted of Dr. W. Douglas, Mr. George Eastes, Dr. W. J. Mickle, Dr. G. E. Shuttleworth, Dr. Fletcher Beach, Dr. G. F. Blandford, Dr. H. Rayner, Dr. G. H. Savage, Dr. Ernest W. White, Dr. Dawson Williams, and Mr. Francis Fowke, General Secretary of the British Medical Association.

Dr. FARQUHARSON, M.P., having briefly introduced the deputation,

Dr. RAYNER said that the proposal which the deputation wished to make had been the subject of a resolution passed in 1896 by the British Medical Association. He (Dr. Rayner) had been moved to read the paper which led to the resolution by his experience in the early treatment of insanity, especially at the out-patient department of St. Thomas's Hospital. In every case of mental disease there was a stage between health and certifiable insanity. That was shown by many recoveries without certification, and by the statements as to the duration of the disorder prior to admission into asylums. The cases were nearly always reported to have been mentally affected for three, six, or twelve months. In order that the existence of such a stage should be legally recognised, the deputation proposed that the Lunacy Acts should be amended by a clause similar to that which had been in force for thirty years or more in Scotland.

The LORD CHANCELLOR asked to be referred to the provision in the Scots Act.

Dr. RAYNER, having pointed out the section of the Scots Act: "Provided that this enactment shall not apply to any case where the party so received and kept has been sent to any such house for the purpose of temporary residence only, not exceeding six months, and under the certificate of a medical person, which certificate shall be in the form of Schedule (G) hereunto annexed." The advantages of the proposed clause were that the Commissioners of Lunacy would be informed of the number of cases treated, of the duration of treatment, and the persons undertaking the treatment. This would give the Commissioners powers of supervision when necessary, and probably ultimately of regulating the treatment by such provisions as their experience would suggest. No pretext or excuse would be left to persons who now evade the law. The deputation believed those improvements would lead to a large amount of recovery in the early stage, which did not now take place.

Dr. BLANDFORD said that the medical profession had been teaching for many years that insanity was a disorder to be treated by medical means, and that it was curable in the early stages. It was therefore of the greatest possible importance that it should be treated at a very early stage. The Lunacy Act of 1890 had put a different complexion upon the matter. It enacted that every person who was of unsound mind should be incarcerated by the order of a magistrate.

The LORD CHANCELLOR pointed out that Dr. Blandford was somewhat misstating the effect of that Act, for which he was responsible. It was not that a person of

unsound mind should be incarcerated by the order of the magistrate, but it was that the person should not be incarcerated unless a magistrate should so order.

Dr. BLANDFORD said that that was what the friends of patients so strongly objected to. Consequently the patients were not brought under treatment in an early stage. Friends in many cases sought to evade in every way the requirements of the Act, and they would either send them abroad or send them to Scotland, or put them at the top of a house and tie them down there; they would do anything rather than face the magistrate unless they were absolutely obliged to do so, and very often most valuable time was lost in that way. Then when the case became chronic, and they could not do without the magistrate any longer, they brought the patient to an asylum, when too often the chance of recovery was past. He thought that if the clause which the deputation suggested were to become law, it would render it possible to treat many cases without the interference of a magistrate, and without certification, and in that way a very great deal of good might be done and a great number of people might be saved from the stigma of certification by a magistrate's order.

Dr. SAVAGE concurred in everything that had been said, but felt that certain other practical points might be considered. There could be no possible doubt that there was a very strong feeling against certification among friends of patients. Certification in cases that were quite curable had a very serious effect; it might put an end to a partnership in some important business, or it might lead to discharge from an important position in life. This was not necessary, because insanity was so medically curable in many forms that to treat a person once insane as for ever incapable of transacting business was altogether wrong. The friends would accept anything rather than open certification, and the consequences, as they were seen by those engaged in this department of medical practice, were that patients were constantly sent away with male or female nurses. They were sent to farms, or small houses were taken for them in out-of-the-way parts of the country by the relations, and nurses or attendants were placed in those houses in charge of the patients, the letter of the law being fulfilled in some cases by a relation living near and coming and spending a certain number of hours in the house—perhaps not with the patient. Many patients were sent abroad, and their mental condition was not benefited thereby in any way. Cases of recurring attacks of insanity lasting only weeks or months occurred; the forms of insanity were so acute that no one would receive them in an asylum as voluntary boarders, yet those persons would certainly get well in a short time if properly treated. The deputation thought it would be a boom to these cases if they could be placed under temporary care without certification.

The LORD CHANCELLOR asked if the deputation suggested that the law should be altered in respect of patients who were properly certifiable at present.

Dr. SAVAGE said that the deputation desired not that the law as such should be altered, except to the extent that persons who were certifiable, but who were suffering from quite temporary maladies, might by the permission of the law be allowed to be placed, as in Scotland, under private or single care and detained as patients under those conditions.

The LORD CHANCELLOR said he had great sympathy with the clause suggested by the deputation, and he thought it might be defended on the grounds that it had been defended, but he was not quite sure that he should like so long a period as six months.

Dr. SAVAGE pointed out that that was the limit in the Scots Act.

The LORD CHANCELLOR, continuing, said that he was not quite sure whether there ought not to be a shorter limit, subject to its being renewed, but that was a matter of detail. With the substance he very much sympathized, and felt that there was a very great deal in what the deputation had suggested. In fact their opinion must be of great weight with anyone who had to deal with the subject of the law of lunacy. What he deprecated was the view which had been expressed that the intervention of the magistrate was objectionable, and that it ought to be got rid of. He could not agree with anything that would tend to diminish the safeguards for the liberty of the subject. Whether rightly or wrongly, a great many people in this country conceived that many persons had been detained in asylums who ought not to have been detained at all. It was right to have some sort of judicial determination as to the state of mind of the patients which would justify the

restraint of the liberty of the subject. He was very strongly in favour of that proposition, and he should do nothing to diminish or qualify that. If people disobeyed the law, that seemed to him to be a reason for making the law more stringent. The law of larceny would not be abolished because, notwithstanding all laws against larceny, people still stole. Such a line of legislation could not be followed. As to what had been justly described as non-confirmed insanity, or incipient insanity, cases which were capable of being cured, he might say that he entirely sympathized with their object, and certainly, as far as he was concerned, he would try and give effect to their suggestions.

MEDICO-PSYCHOLOGICAL SOCIETY OF QUEBEC.

At the meeting held at the Protestant Hospital for the Insane, Verdun, on the 15th October, 1898, the new Rules of the Society, prepared by Messrs. Villeneuve and Chagnon, were read and adopted.

The following were elected honorary members of the Society:—Dr. H. M. Hurd, Baltimore; Dr. Ritti, Charenton; Dr. Urquhart, Perth; and Dr. Villers, Brussels.

Several important papers were read, which we hope to publish in the next number of this Journal.

With reference to *Medical Certificates and Commitment*, Dr. VILLENEUVE said that he had been continuing his studies on the subject. He gave a synopsis of what had been done in other countries, and pointed out that the medical certificates should show (1) that the person is insane by a detailed statement of the symptoms observed by the medical man; (2) that there is necessity for placing the person in an asylum for treatment or for the public safety—as shown by his actions and circumstances, which should be proved by the depositions of eye-witnesses; (3) that the physical condition of the person permits of his removal to the asylum. The Society adopted a motion by Dr. Villeneuve to remit this question to a special committee for report.

At the next meeting the question of alcoholism and the establishment of special hospitals for alcoholics will be discussed.

DEPARTMENT OF HOSPITALS FOR INSANE, VICTORIA.

FOURTH ANNUAL CONFERENCE OF MEDICAL STAFF.

The first meeting was held at Kew on the 5th October, 1898; present, Dr. M'Creery in the Chair, Dr. Watkins, Dr. Beattie Smith, Dr. Samson, Dr. Lathbridge, and Dr. Steell.

Dr. BEATTIE SMITH stated that Dr. Norton Manning, whilst assuring them of his warm interest in forming a Medico-Psychological Association, said that he would be precluded from joining because of imminent changes. Since then, New South Wales had, by resignation, lost the services of Dr. Norton Manning, who, for a lifetime, had firmly, judiciously, and steadily forced upon his Government the necessities for advanced treatment of the insane, with great success. Dr. Eric Sinclair, his successor, as might reasonably have been expected, excused himself from being present on the plea of his whole time being then occupied, and at the moment not wishing to bind others without consulting them.

Dr. M'CREERY then moved—

“That an Intercolonial Medico-Psychological Society be formed, and that invitations be sent to all the Asylums Staffs of the various Australasian Colonies to be present next year in Melbourne, with a view to forming an Association which may become affiliated with the Medico-Psychological Association of Great Britain and Ireland.”